RESET

STATE OF TENNESSEE GROUP INSURANCE PROGRAM

APPLICATION FOR SPECIAL ENROLLMENT BY QUALIFYING EVENT

State of Tennessee • Department of Finance and Administration • Division of Insurance Administration
13th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590/1.800.253.9981 • Fax: 615.741.8196

INSTRUCTIONS: Please print. Complete Parts 1, 2, and 3.

PART 1

Employee Name		Social Security Number
Agency Name	Budget Code	Date of Previous Insurance Termination (if applicable)

PART 2

Identify the qualifying event which caused the loss of other medical coverage for you and your eligible dependents. **You must submit the appropriate required documentation, proof of prior coverage, and a completed Group Insurance Program Enrollment/Change Form with this application. Application for enrollment must be submitted within 60 days of the qualifying event.** Beginning January 1, 1998 employees and their dependents will only be allowed to enroll with health coverage if they enroll within their initial eligibility period or if they lose their group health plan or other medical insurance coverage offered through the Employer of the Employee's spouse or ex-spouse due to:

Qualifying Event	Documentation Required
❑ Death of Spouse or Ex-Spouse	Copy of death certificate and written documentation from the employer on company letterhead providing names of covered participants and date coverage ends.
❑ Divorce	Copy of the signed divorce decree and written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and the reason why coverage ended.
❑ Legal Separation	Copy of the agreed order of legal separation and written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and the reason why coverage ended.
❑ Loss of Eligibility (does not include a loss due to failure to pay premiums or termination of coverage for cause)	Written documentation from the employer or the insurance company on company letterhead providing the names of covered participants, date coverage ends and the reason for the loss of eligibility.
❑ Loss of TennCare (does not include a loss due to failure to pay premiums)	Written documentation from TennCare on company letterhead stating that coverage has been or will be terminated.
❑ Termination of Spouse's or Ex-Spouse's Employment (voluntary and non-voluntary)	Written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and reason why coverage ended.
❑ Employer Eliminated Contribution to Spouse's or Ex-Spouse's Insurance of Either Employee or Dependent (total contribution not partial)	Written documentation from the employer on company letterhead providing names of covered participants, date contribution amount changed and date coverage ended.
❑ Spouse's or Ex-Spouse's Work Hours Reduced Causing Loss of Eligibility for Insurance Coverage	Written documentation from the employer on company letterhead providing names of covered participants, date coverage ends, and reason why coverage ended.
OR employee without coverage or with single coverage	
❑ Acquires a new dependent – spouse (**and** adding other previously eligible dependents)	Copy of marriage certificate.
❑ Acquires a new dependent – newborn (**and** adding other previously eligible dependents)	Copy of birth certificate for newborn.
❑ Acquires a new dependent – adoption/legal custody	Copy of adoption documents.

PART 3

Employee Signature	Telephone Number	Requested Effective Date
Insurance Preparer Signature	Telephone Number	Date Received From Employee

PART 4 – To be Completed by the Division of Insurance Administration.

Date Received	Date Approved/Denied & Reason	Effective Date
DIA Insurance Benefits Analyst Signature		